



Little Traverse Bay Bands of Odawa Indians
Enrollment Office
7500 Odawa Circle
Harbor Springs, MI 49740
(231) 242-1520 ■ (231) 242-1521



ADDRESS VERIFICATION FORM
(Everyone 18 and over **MUST** complete this form)

Completing this form will officially change the address at which you currently are listed in Tribal Records and for all other Tribal Departments for the sole use of mailing purposes. Address corrections are effective the day of receipt.

INSTRUCTIONS

- Complete this address form according to instructions.
- Complete Section 1 only if your mailing address and physical address is the same and have this form witnessed.
- Complete Section 1 and Section 2 if your mailing address and physical address is different. You must have this form notarized.
- Photocopies/Faxes of this form **are not accepted**. Call the Enrollment at the numbers listed above if another form is needed.

Section 1 - This is your mailing address and where your mail will be sent.

Tribal Membership #: _____ Social Security #: _____

Date of Birth: _____ Maiden Name (if married) _____

Name: _____
First Middle Last

Mailing Address: _____

City: _____ State: _____ Zip: _____

County of Residence: _____ Township: _____

Area Code & Home Phone Number: _____

Section 2 - If your physical address and mailing address is different then you must complete both sections and have this form notarized.

Physical Address: _____

City: _____ State: _____ Zip: _____

County of Residence: _____ Township: _____ Telephone Number: _____

I state that the above information is true.

Date _____

Tribal Member's Name-Printed _____

Date _____

Tribal Member's Signature _____

Date _____

Witness Signature _____

NOTARY PUBLIC

Acknowledged before me in _____ County, State of _____, on
_____ (month/day), 20____ by _____.

Notary Public Signature _____

My Commission Expires on _____

TO BE COMPLETED BY LTBB STAFF-Do not write below this line.

White Copy: Enrollment _____ DOE: _____ Yellow Copy: Accounting _____
Office